Approved for use through 09/30/2010. OMB 0651-0032

Date 2011-06-16

Under the Paperwork Reduction	on Act of 1995	no persons are req	uired to r	espond to a collection	of information ut	less it dis	sleys a valid OMB control number	
Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).				Complete if Known				
				Application Num	iber 10/583	10/583,399		
FEE TRANSMITTAL				Filing Date	July 2	July 24, 2007		
For FY 2009				First Named Inv	enter Soon	Soon Tae-Ahn		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		essler		
				Art Unit	1793			
TOTAL AMOUNT OF PAYMENT (\$) 270.00				Attorney Docker	No. SAMH	100002	000	
METHOD OF PAYMENT	Γ (check all	that apply)	************					
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number 040566 Deposit Account Name: DeLio & Peterson LLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCULATION					***************************************			
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	S	mall Entity .		Small Entity	Sn	all Entit	, ,	
Application Type	Fee (\$)	Fee (\$)	Fee (- unimitar		Fee (\$)	Fees Paid (\$)	
Dillity	330	165	540	270	220	110		
Design	220	111)	100	50	140	70		
Plant	220	111)	330	165	170	85		
Reissue	330	165	541)	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description						Fee.(\$	Small Entity Fee (\$) 26	
Each claim over 20 (including Reissues)						52 220	110	
Each independent claim over 3 (including Reissues) Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (S) Fee Paid (S)						Multipl	n Dependent Claims	
HIP = highest number of total claims paid for, it greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
2/3 pd -3 or HP = x ==								
HP ≈ highest number of independent cleams peid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): File Appeal Brief \$270.00								
SUBMITTED BY	\rightarrow	7						
Registration No. 21 052 Telephone 202							phone 203-787-0595	
				(Attorney/Agent)				

Tips, effective, or indirection is required by T OFF 1.58. The information is required to detail or return a bornet by the patility which is to till upper 1.09 FO per possible or will be preferred by the patility of the pa

(Attorney/Agent)

Name (Print/Type) Peter W. Peterson